Utah State Medicaid Health Information Technology Plan

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Revised 2/7/11

State of Utah Medicaid Health Information Technology (HIT) Plan (SMHP)

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SMHP Revisions Table

This page is dedicated to providing a summary of the changes made to Utah State Medicaid HIT Plan (SMHP) document.

SMHP Section	Description of Change	Date Requested by State	Date Approved by CMS
1.0 Original	Submission to CMS	12/23/10	
1.1 Revised	CMS requested additional information on appeals process and hospital payments process	1/31/11	

SMHP Introduction

Plan Purpose

This document represents the first iteration of Utah's State Medicaid Health Information Technology Plan (SMHP). The Utah Department of Health Division of Medicaid & Health Financing is prepared to assume responsibility for administering an efficient Medicaid Electronic Health Record (EHR) Incentive Payment Program to eligible providers and hospitals, thereby encouraging the adoption of certified EHR technology to promote health care quality and the exchange of health care information.

The primary focus for this first iteration of our SMHP is to identify the core business processes, technology and resources that will result in the Utah Department of Health Division of Medicaid & Health Financing being able to efficiently administer and conduct oversight of the Medicaid EHR Incentive Payment Program in Year 2011.

How the SMHP is Organized

Various stakeholders from our community provided input into this plan. The Utah Department of Health Division of Medicaid & Health Financing will continue to work with stakeholders as future editions of our SMHP are prepared, thereby enabling the pursuit of specific initiatives that encourage the adoption of certified EHR technology for the promotion of health care quality and the electronic exchange of health information. While a tentative timeline for these initiatives has been provided, Utah believes it prudent to defer these initiatives until we have successfully made payments to eligible providers and hospitals in Calendar Year 2011.

This SMHP has been aligned with the recommended sections identified in the SMHP Overview Template OMB Approval Number: 0938-1088.

SMHP Overview Template Items	Addressed is Utah's SMHP Section
Section A – As-Is Landscape	As-Is HIT Landscape Pages 12-18
Section B – To Be Landscape	To-Be HIT Landscape Pages 19-24
Section C – Activities Necessary to Administer & Oversee the Medicaid Payment Program	Plan Scope Pages 5-6 To-Be HIT Landscape Pages 19-24
Section D – Audit Strategy	To-Be HIT Landscape Page 23
Section E – Road Maps	Applicable Road Maps Page 26
Any Deferred Questions from Sections A-E	Future Pursuits Pages 6 & 25
Definitions or Referenced Attachments	Attachments or Inserted Hyperlinks Page 27

SMHP Plan Scope

Detailed Activities for Initial Implementation

Based on the requirements defined in the Federal Regulation 42 CFR Parts 412, et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program, the State Medicaid HIT Plan Overview Template, and the September 2010 State Medicaid Director's Letter the Utah Department of Health Division of Medicaid & Health Financing intends to limit this SMHP to providing CMS with the critical details regarding the necessary activities, processes and timelines for administering EHR incentive payments in year 2011 only.

Once Utah has developed the necessary systems to collect the attestations for the first year's Adopt, Implement or Upgrade (AIU), we will begin to enhance existing systems to attest to Meaningful Use and to report the Clinical Quality Measures and Public Health Measures for Meaningful Use. Our agency is dedicated to seeing more professionals and hospitals adopt an EHR over the lifespan of the program, which will give more complete, quicker access to medical data for professionals, hospitals, Medicaid and public health entities driving better-informed decisions that will improve the overall health of the State.

The key activities for Utah's EHR Incentive Payment Program are as follows:

1. Interface with CMS regarding payments made to eligible providers using their developed National Level Repository (NLR) system
2. Verify Medicaid patient volume for all applicants
3. Process payments on schedule and provide notification of approval/denial for incentive payments
4. Create and maintain a Web site for Provider Enrollment and FAQs
5. Develop communication materials about the EHR Incentive Program and/or EHR adoption/meaningful use
6. Conduct provider outreach activities
7. Install a provider help-line/dedicated e-mail address/phone
8. Monitor and review current CMS policies, propose recommended changes or inclusion of new policies and procedures and develop, update FAQ's for dispute resolutions
9. Validate volume thresholds, payment calculations, meaningful use, quality measures and provider credentials throughout the life cycle of the program
10. Develop the ability to review and assess the administrative activities and expenses of Medicaid provider health information technology adoption and operations
11. Provide financial oversight and monitoring of expenditures including expenditures related to provider enrollment procedures and for combating fraud waste and abuse in the program.

Accomplishment of the above key activities will require appropriate business processes, staffing, and system support.

Pursuit of Future Initiatives

As recognized by CMS, development of the SMHP will be an iterative process and the Utah Department of Health Division of Medicaid & Health Financing is committed to updating the plan, once we have achieved success in administering EHR incentive payments to our State's eligible providers and hospitals.

Planning for future pursuits beyond being able to make payments that were identified during the data gathering and stakeholder meetings are as follows:

1. Require all providers receiving incentives connect with the State of Utah's designated Health Information Exchange (HIE) in an effort to meet meaningful use

2. Require all providers receiving incentives connect with public health databases in an effort to meet meaningful use (i.e. laboratories, immunization registry, etc.)

3. Development of a Department of Health Master Patient Index

4. Initiate an independent evaluation of the EHR incentive program

5. Implement a quality assurance program for Utah's fee for service providers

6. Coordinate efforts of HIT Governance Consortium

7. Collaborate with other neighboring states HIE's (i.e. ID, WY, NV, AZ, CO, MT etc.)

The decision to pursue each of these initiatives is contingent upon continued coordination with our community partners and will be referenced in future iterations of Utah's SMHP & IAPD.

SMHP Plan Background

State HIE/HIT Governance Structure

The Utah Department of Health Division of Medicaid & Health Financing has worked closely and collaboratively with all of the HIT stakeholders throughout our State. This is made possible by having the Utah Department of Health Executive Director, Dr. David N. Sundwall serve as the State Coordinator for Health IT and Chair of Utah's HIT Governance Consortium.

With Dr. Sundwall in this role and this structure in place, the HIT community in Utah has embraced a vision where "Utah can be a place where standard, safe and smart sharing of accurate electronic health information results in better health care, lower cost and healthier communities." The consortium prioritizes proposals, activities and funding opportunities that are HIT related, and holds its member organizations accountable to the State's goals related to health reform and improved health for all.

Current State HIE & HIT Initiatives

While many HIT initiatives in Utah are relatively mature, we realize a great deal of work remains to advance the statewide use of HIT and clinical health information exchange. Utah created a HIE Cooperative Agreement Program Strategic and Operational Plan that details our current and planned efforts to promote a sustainable statewide HIE architecture for improved quality, efficiency and reduced health care costs. This plan as well as our Charter Value Exchange roadmap which can be referenced in the Attachments section, is being followed by all of the consortium's partners and stakeholders in order to provide consumers and their health care providers with credible, secure and accurate health information at the lowest possible cost.

Utah's approach to HIT has been based on statewide cooperation and regional sharing, strong executive leadership and legislative reforms. This history, along with a relatively high penetration of EHR and Hospital Information Management Systems (HIMS), has enabled a market-driven HIE. Based on interviews conducted by *HealthInsight*, Utah's Medicare Quality Improvement Organization, an estimated 61% of all outpatient primary care practices in Utah have EHR systems in place, more than double the national average. However, it is uncertain whether these EHR systems will be or already are recognized as certified for all modules of meaningful use. Utah Medicaid's EHR Incentive Payment Program Manager will have to monitor and educate providers about the need for certification prior to making application for incentive payments.

Current HIE/HIT Activities and Funding Sources

More than $45 million dollars in grant funding has reached Utah to help fund our current HIE and HIT initiatives. The following table is an excerpt of a presentation made by Dr. Sundwall to the Utah Legislature Health System Reform Task Force Committee who monitors the progress made by our various HIT/HIE partners and the fiscal appropriations of funding to make progress possible.

Utah Grant Funding Sources Table

Grant #1: Beacon Community Grant awarded to *HealthInsight* – Utah's Regional Extension Center Funding Amount = $15,790,181	In 2010, Utah received a Beacon Community Grant from the ONC for HIT. The focus of this grant will be to improve adult diabetes care management in Salt Lake, Summit and Tooele Counties, by increasing availability, accuracy and transparency of quality reporting, connecting providers to the State's HIE and fostering better collaboration with community partners.
Grant #2: ARRA Regional Extension Center Technical Assistance awarded to *HealthInsight* – Utah & Nevada's Regional Extension Center Funding Amount = $6,917,783	In 2010, as the Regional Extension Center for Nevada and Utah, *HealthInsight* provides federally-subsidized technical assistance on a priority basis with physician office practices to offer hands-on, one-on-one customized assistance selecting and effectively using electronic health records to improve care.
Grant #3: State Health Information Exchange Cooperative Agreement Program awarded to the Utah Department of Health Funding Amount = $6,296,705	In 2010, the Utah Department of Health received this funding to build upon existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability. The majority of this funding was sub-contracted to UHIN, the state's designated clinical health information exchange vendor.
Grant #4 CHIPRA Quality Demonstration Grant awarded to the Utah Department of Health Funding Amount = $10,277,360	In 2010, The Utah Department of Health received this funding to use HIT to coordinate care for children in Utah & Idaho through Medical Homes and share immunization data between both States' HIE's.
Grant #5 HRSA Public Health Clinical Information Exchange with Providers Funding Amount = $1,200,000	In 2009, UHIN, the University of Utah and the Utah Department of Health collectively applied for and received funding to develop Utah's Newborn Screening Clinical Health Information Exchange which will allow users to share test results of newborn hearing and blood screenings with a child's primary care medical home.
Grant #6 NIH – Statewide Master Patient Index (MPI) for Health Funding Amount = $2,000,000	In 2009, a research grant was issued to the University of Utah, Intermountain Health Care, Utah Department of Health and UHIN to develop and pilot a better framework for a statewide MPI to enhance the current capacity of the cHIE and better support healthcare treatments, payments and public health uses.
Grant #7 Department of Agriculture Broadband Availability Survey Funding Amount = $300,000	In 2009, the Utah Department of Technology Services received funding to conduct a survey in places where broadband is unavailable and create opportunities for collaboration at a community level to use HIT and information exchange to achieve health care gains.
Grant #8 CMS Medicaid Meaningful Use Planning Grant Funding Amount = $400,000	In 2010, Utah Medicaid received a planning grant to develop the SMHP and IAPD to administer EHR incentive payments for the meaningful use of EHR's and clinical information exchange.
Grant #9 ONC – Health IT Workforce Development Funding Amount = $3,364,798	In 2010, Salt Lake Community College, with eight other states in Region A, received funding to develop and promote health information non-degree training opportunities for local health IT professionals.

Other Current Complementary Activities

The robust HIT infrastructure Utah is building will optimize our ability to access accurate information on health care quality indicators, which supports transparency of quality and cost, which can be used for health payment reforms.

Utah is moving to advance statewide use of HIT and clinical health information exchange to improve health care quality and reform using ARRA funds awarded through the Statewide Health Information Exchange Program, HIT Regional Extension Center, and Beacon Community Program.

In September 2009, Dr. Sundwall and the State of Utah's Governance Consortium designated the Utah Health Information Network (UHIN) as the accountable entity to implement the Utah application for ARRA's State Health Information Exchange Cooperative Agreement Program for the HITECH Act Section 3013 "State Grants to Promote HIT."

UHIN in this role is tasked with connecting health care providers in the State to their clinical health information exchange (cHIE) to exchange clinical health information for treatment purposes at the point of care. They intend to expand cHIE services to include electronic prescribing, laboratory orders and results delivery, and medical history to support meaningful use. They are developing a sustainable governance and business model to operate the cHIE and have plans to integrate public health data exchange with clinicians to reduce the burden on providers, increase timely and complete reporting which thereby protects population health.

HealthInsight is a Medicare Quality Improvement Organization (QIO), the HIT Regional Extension Center (REC) for Utah and serves as the Agency for Healthcare Research and Quality (AHRQ) Chartered Value Exchange for the state as well. They are a key partner and provide invaluable technical assistance to providers in adopting electronic health record systems and reaching meaningful use requirements which improves patient care and decreases unnecessary cost in the health care system.

Plans to use health data to support health system transformation and reduce costs will rely heavily on the Utah Department of Health All Payer Claims Database which is now functional and capable of providing valuable information to policy makers, providers and the market on healthcare quality and costs. It will be an effective tool to use to substantiate and verify a provider's payer mix when applying for the Medicaid EHR Incentive Payment Program.

All the contributing and necessary parties are aligned and have a common vision for how HIE and HIT will be implemented throughout the state of Utah. Utah's Medicaid EHR Incentive Payment Program will be built upon this solid foundation and the program manager and any additional program staff hired will help pursue initiatives that encourage the adoption of certified EHR technology and audit for its meaningful use.

SMHP Plan Development

MITA Approach

Utah assumed a Medicaid Information Technology Architecture (MITA) approach to determine the current "As-Is" and the future "To-Be" HIT landscape and has created a roadmap for the administration/oversight of the HIT incentive program. The SMHP Overview Template was followed in great detail and was critical in assisting the planning team. However, in order to accept applications for EHR Incentive payments by September 1, 2011 Utah had to defer addressing some of the elements in the template in order to meet these critical milestone implementation dates:

Critical Milestone	By
Initiate Internal Review of SMHP & IAPD	December 2, 2010
Submit I-APD & SMHP to CMS – Version 1.0	December 31, 2010
Hire/Designate Program & DTS Staff	January 31, 2011
Create System Technical Requirements for Making Payments ONLY	February 28, 2011
Receive I-APD & SMHP approval from CMS	February 28, 2011
Design & Develop System for Making Payments ONLY	March 31, 2011
Complete Integration Testing	May 30, 2011
Complete Issue(s) Resolution	June 30, 2011
Conduct Provider Outreach, Train & Implement Regarding the Application Process	June 30, 2011
Hire/Designate Remaining Program Staff	July 31, 2011
Accept Applications for EHR Incentive Payments from Providers	**September 1, 2011**
Make First Set of EHR Incentive Payments to Providers	**October 15, 2011**
Prioritize Optional Administration Activities & Projects	October 1, 2011
Submit Revised I-APD & SMHP – Version 2	December 31, 2011
Develop System Definitions & Requirements for Meaningful Use & Optional Projects	January 1, 2012

The answers to SMHP template questions that pertain to program provisions that are out of scope (reference the 'key activities' in the Scope section above) for Utah's initial implementation of the EHR incentive program are not included in this SMHP submission. For example specific goals and objectives and the nature of the state's IT architecture in five years; how the state will collect meaningful use data including the reporting of clinical quality measures; and using sampling as part of audit strategy.

Once we have been able to successfully make payments to providers who adopt, upgrade or implement certified EHR technology, Utah Medicaid will produce a second version of our SMHP and IAPD that will address deferred template questions/answers and other identified optional projects.

SMHP Workgroup

In the planning process, the following organizations routinely convened with Utah Department of Health Division of Medicaid and Health Financing and have been instrumental in providing feedback to develop this SMHP:

1. *Association of Utah Community Health Centers* (AUCH) is the primary care association for Utah whose members include Federally Qualified Health Centers (FQHC) and other providers who strive to meet the needs of the medically underserved.

2. *HealthInsight* is a Medicare Quality Improvement Organization (QIO) and HIT Regional Extension Center (REC) for Utah and serves as the Agency for Healthcare Research and Quality (AHRQ) Chartered Value Exchange for the State as well. They host our State's HIT Task Force meetings, where grant and project managers from the State HIE program, statewide clinical health information exchange (cHIE), Beacon Community, Medicaid HIT Incentives and CHIPRA Quality Improvement Project meet monthly to coordinate overlapping issues and project interdependency.

3. *Utah Health Information Network* (UHIN) is our statewide Health Information Exchange infrastructure (HIE). A list of participating healthcare entities in UHIN's Clinical Health Information Exchange (cHIE) can be found in the Attachments section of this SMHP along with a recent cHIE update that lists UHIN's accomplishments, plans, risks and financial status.

4. *Utah Hospital Association* (UHA) represents member hospitals and all ten healthcare systems operating in the State of Utah.

5. *Utah Department of Health Office of Public Health Informatics,* whose mission is to coordinate and support Utah's e-health initiatives and to facilitate development of systematic applications of information, statistics, and computer technology for Utah's public health surveillance, health service and learning.

6. *Utah Department of Technology Services,* which is Utah's consolidated IT resources organization that provides technical support to our MMIS and other business operations.

Governance Review

The SMHP was reviewed by key Utah Department of Health and Division of Medicaid and Health Care Financing management prior to submission to CMS.

Utah's "As-Is" HIT Landscape

Governance Landscape

The Utah Department of Health is the single State agency for their Medicaid and CHIP programs. The Division of Medicaid and Health Financing serves as the Medicaid and CHIP administrative agency within the Department of Health. All of Utah's state level public health agencies also co-reside within Utah Department of Health.

Utah has a HIT Governance Consortium which is lead by Utah Department of Health's Executive Director, David N. Sundwall, MD, who has been designated the State Health IT Coordinator. Additionally, the State has established a HIE Cooperative Agreement Program Strategic and Operational Plan which details Utah's planned and current efforts to promote a sustainable statewide HIE architecture for improved quality, efficiency and reduced health care costs.

The following members of the HIT Governance Consortium were given an opportunity to contribute to the SMHP. Those with asterisks routinely convened with the Utah Department of Health Division of Medicaid and Health Financing and are acknowledged as having provided significant feedback and support on this SMHP, which enabled Utah Medicaid to develop a vision of how HIT can best be incorporated into its business processes.

Representing	*Organization Names*
Government:	Utah Department of Health, including Utah Medicaid Program*, Utah Department of Technology Services*, Utah Department of Insurance, Office of Public Health Informatics*, State Office of Education, Veterans Administration Salt Lake Medical Center, Allen Memorial Hospital, Utah Association of Local Health Officers, and Utah Digital Health Service Commission
Private:	Utah Health Information Network*
Clinical/Hospital:	Intermountain Healthcare, University of Utah Health Sciences Center*, HCA/MountainStar Hospitals, Central Utah Clinic, Utah Hospitals and Health Systems Association*, Utah Medical Associations, ARUP Laboratories
Insurers:	Deseret Mutual Benefits Administrators, Public Employee Health Plans, Regence Blue Cross Blue Shield, SelectHealth, Molina Health Plans
Communities:	Utah Chartered Value Exchange at *HealthInsight**, Association for Utah Community Health*, Utah Association for Home Health Care/Utah Hospice and Palliative Care Organizations, Utah Pharmacists Association, Utah Health Care Association, Utah Telehealth Network and Utah Indian Health Advisory Board*
Education & Research:	University of Utah*, Utah State University

Utah Medicaid has participated in UHIN's governance since its founding in 1993. UHIN as previously mentioned is the State's designated HIE Vendor. They have a statewide geographic scope to support Utah Medicaid in the HIT incentive project. UHIN is governed by a board of directors and Dr. David N. Sundwall is a member of this board.

UHIN is the centric force of the State's HIT & HIE initiatives and activities, including the exchange of billing and clinical information. The Utah MMIS receives claim data from providers via UHIN and provides Medicaid recipient data through UHIN for exchange with participating providers. The Medicaid pharmacy program is testing to send medication lists from MMIS to the Utah cHIE. At this time, UHIN is in production for laboratory results delivery and initiating a pilot for the query function. The Department of Health Office of Public Health Informatics routinely convenes with UHIN and receives monthly updates such as those found in the Attachments section of this SMHP.

Currently our Immunization Registry is testing to send the immunization histories to the cHIE through a Utah Department of Health Gateway. However, the registry has no capacity to receive immunization records from providers through the cHIE. The ability for the health department to receive an immunization event through the cHIE to the Utah Statewide Immunization System (USIIS) will be developed with funding from the Utah CHIPRA Quality Demonstration Grant.

The Utah community decided to develop a decision support system in the cHIE. This decision support system is designed to submit (with the clinician's permission) to the Utah Department of Health Bureau of Epidemiology a carbon copy of the lab results for a reportable health condition. Under the Beacon Community Grant, UHIN and the Utah Department of Health Bureau of Epidemiology developed the rules for 3 of the 75 mandatory reportable conditions. For eligible providers and hospitals to succeed in meeting meaningful use for the public health measurement submit lab results to the Public Health Agency the remaining 73 conditions need to be programmed into the cHIE.

Staff from both the Department of Health's Office of Public Health Informatics and Division of Medicaid and Health Financing are members of *HealthInsight's* REC Advisory Board as well. *HealthInsight* will offer expertise on HIT and meaningful use, and the perspective of clinics/hospitals they work with as Utah Medicaid's EHR Incentive Payment Program evolves. Currently, *HealthInsight* is contacting Medicaid primary care providers that are eligible for subsidized assistance from the REC and Utah Medicaid is forwarding information on specific clinics in need of REC assistance. The REC started actively working with clinics in May 2010 and will provide on-site assistance to clinics that do not have an EHR in place immediately on vendor selection and implementation. They are also providing assistance to current EHR users in workflow redesign and meaningful use.

Provider Landscape

HealthInsight estimates EHR adoption with the State of Utah as follows:

> 55% for outpatient clinics as of January 2010
>
> 61% for primary care clinics as of July 2009
>
> 41% for hospital-based providers as of January 2010

Utah Medicaid has excellent relations with the *HealthInsight* staff who are visiting and assisting providers in their capacity as the state's REC. As they conduct their outreach and assess practices, they will be referring potentially eligible practices to the Medicaid EHR Incentive Program Manager.

As part of the planning process, Utah Medicaid surveyed its providers to evaluate their EHR adoption rates. An online survey was made available to all Medicaid providers between May 19, 2010 and July 20, 2010. 406 responses were collected during this time frame. Based on these survey results alone, we estimate Utah will see a low level of private practices eligible for the incentive payment. We do think all of Utah's Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) will qualify and the majority of the hospitals will also qualify for incentive payments.

Utah Medicaid providers who took part in the survey have an adoption of EHR of approximately 59%, meaning they use some form of electronic health record. However, this does not mean that the EHR they are using is certified. The survey indicates that there are many different EHR systems that are currently in use.

A complete summary of the Utah Medicaid HIT Survey results can be viewed in the Attachments.

The Association for Utah Community Health (AUCH) is currently working to develop a central repository of FQHC data to support quality improvement efforts and other data-driven initiatives. All eleven of the FQHCs have an EHR, have plans to be connected to the cHIE and appear eligible for the incentive payment based on the preliminary assessment. Five of the FQHC's have received HRSA grant funding to improve their HIT infrastructure, which will be taken into account as part of the net allowable costs, should they apply for the Medicaid EHR Incentive Program.

[Utah's Veterans Affairs Medical Center (VAMC)](#) in Salt Lake City is a formal organizational member of the UHIN and the cHIE project. Recently the VAMC initiated a partnership with UHIN to pilot a project. The goal of this project is to improve the care veterans in rural Utah receive by making a VA electronic summary of care record available to non-VA clinicians who care for veterans, and to enable VAMC to access similar summaries from non-VA care settings. Key aspects of achieving this goal include providing a physician practice and community hospital serving veterans in rural Utah with an electronic medical record (EMR) system capable of exchanging information with the Utah Health Information Network (UHIN); and to connect the UHIN with the Nationwide Health Information Network (NHIN) to electronically exchange a summary of veterans health information.

Through consultation with Utah's Indian Health Advisory Board, Utah Medicaid was able to collect the following information regarding the HIT status for the following tribes in our state:

The Goshute Tribe of the Confederated Tribes on the Goshute Reservation is using the Indian Health Services EHR Resource and Patient Management System (RPMS). However, the tribe is interested in exploring alternative EHR systems.

Indian Walk-In Center (Urban Program) does not have an EHR system and plans to adopt an EHR by 2012. They also intend to connect to the cHIE with their iCare system that they will get through RPMS.

Northwestern Band of Shoshone Tribe is looking for funding for an EHR system.

Utah Navajo Health Systems, Inc is using NextGen as their EHR at all clinic sites and the system is integrated with all sites. They are looking at installation of electronic dental records (EDR) for their dental units. They are currently updating their systems and creating new applications templates for the providers to collect data. They upload their data to the RPMS on a regular basis.

Ute Mountain Ute Tribe is using RPMS for its EHR. The system is almost fully functional with only a few lab and radiology interface issues to resolve and some connectivity issues in White Mesa, UT. They anticipate full implementation by the end of 2010.

Ute Tribe at Uintah & Ouray (U&O) IHS Service Unit has been running on RPMS EHR for about two years for medical services, and will be implementing the Dentrix EHR program for dental services by the end of the 2010.   The internal operational aspects of RPMS EHR are integrated and seamless. From the perspective of "Meaningful Use" initiatives, this system will be certified, and U&O is currently operating at a 90% on Computerized Physician Order Entries (one of the measurements used).

Broadband internet access will pose a challenge for some rural providers in Utah. The majority of urban providers have broadband in their practices, and the hospitals in Utah have broadband capabilities. All of the FQHCs are connected with some form of broadband. Utah is in the process of connecting all rural areas with broadband capabilities and finding solutions for them to be connected. Utah Department of Technology Services received a $300,000 grant from the Department of Agriculture to complete a broadband availability in the state survey. According to our survey, there are approximately 3.3% of the Medicaid providers that do not have access to broadband at their practices.

Legislative Landscape

Utah health policymakers acknowledge that health information technology (HIT) and health information exchange (HIE) are two driving forces to transform health systems. To ensure that health care reform leads to better health care, the Utah legislature passed the following legislation to improve efficiency and quality of health care and reduce cost since 2005:

Bill No. & Sponsor	Bill Title	Year Passed
S.B. 132 Christensen, A.	Health Care Consumer's Report	2005
H.B. 137 Daw, B.	Pain Medication Management and Education	2007
H.B. 6 Menlove, R.	Controlled Substance Database Amendments	2007
H.B. 9 Morley, M.	Health Care Cost and Quality Data	2007
H.B. 133 Clark, D.	Health System Reform	2008
H.B. 326 Curtis, G.	CHIP Open-Enrollment	2008
H.B. 119 Daw, B.	Controlled Substance Database Amendments	2008
H.B. 24 Menlove, R.	Amendments to Utah Digital Health Service Commission Act	2008
H.B. 47 Menlove, R.	Standards for Electronic Exchange of Clinical Health Information	2008
H.B. 188 Clark, D.	Health System Reform – Insurance Market	2009
H.B. 106 Daw, B.	Controlled Substance Database Amendments	2009
H.B. 331 Dunnigan, J.	Health Reform--Health Insurance Coverage in State Contracts	2009
H.B. 128 Menlove, R.	Electronic Prescribing Act	2009
H.B. 165 Newbold, M.	Health Reform--Administrative Simplification	2009
H.B. 294 Clark, D.	Health System Reform Amendments	2010
H.B. 186 Menlove, R.	Controlled Substance Database Revisions	2010
H.B. 52 Newbold, M.	Health Reform - Uniform Electronic Standards - Insurance Information	2010

Clearly, the Utah legislature supports HIT initiatives in Utah. We feel that our Medicaid program and our HIT/HIE partners have received all the needed legislation to move forward with our EHR Incentive Payment Program. Additional supportive legislation is likely to be considered in the next session. For example, there is speculation that the legislature will provide guidance in the area of patient consent. If this occurs we will update CMS accordingly in future versions of our SMHP.

Utah Medicaid Operations Landscape

Utah Medicaid is committed to educating providers, promoting the EHR incentive program and working with UHIN and *HealthInsight* to meet the goal of an increase in numbers of medical professionals using an EHR.

Utah Medicaid Bureau of Medicaid Operations has a provider training program. This program is well positioned to be used to help educate providers on the Medicaid EHR Incentive Program. Additionally, Medicaid has a web site that Medicaid providers can use to find the right entity for questions about EHR, cHIE and the Medicaid EHR Incentive Program. The website has and will continue to be updated with relevant timelines, documents and materials, including final versions of the SMHP and IPAD.

Utah Medicaid staff have been guest speakers at UHIN's quarterly provider fairs, to explain how to qualify for the Medicaid Incentive Program and to refer providers to *HealthInsight* for technical assistance related to HIT.

Utah borders some very rural states. As a result there are higher concentrations of Medicaid clients in border towns such as Wendover, Tremonton and Moab which may see providers in Nevada, Idaho and Colorado respectively. A query of Utah's MMIS indicates there are 2,559 out of state providers contracted with Utah Medicaid.   The "border" providers are enrolled as Utah Medicaid providers and must use UHIN to exchange administrative data. The out-of-state providers can, with consumer consent, access and store clinical records in the cHIE. UHIN's cHIE will be populated by clinical records of all persons who received medical care in Utah regardless of the resident state. The exchange of billing and clinical information for Utah Medicaid recipients that received health care services in an adjoining state (e.g. NV, ID, CO, WY, AZ and NM) may be transmitted through UHIN. This will help us identify and correctly calculate a provider's Medicaid population.

Other HIT/HIE Activities that cross State borders are:

1. *HealthInsight* is the REC for both Utah and Nevada

2. The CHIPRA Quality Demonstration Grant is a collaborative project between Utah and Idaho.   The two states are developing an interstate immunization record exchange between immunization registries through the HIEs.

New business processes and staffing are needed to implement, operate and audit the HIT EHR Incentive Program

Medicaid policy and operations staff works closely with the MMIS technical support team for all of the updates to the Medicaid Management Information System (MMIS) enterprise. Medicaid shared the statewide HIT/HIE strategic and operational plans with the MMIS Replacement Planning Project Team to develop the Planning Advance Planning Document (P-APD) document and the planning team is a significant contributor to the Utah SMHP. The planning team is familiar with MITA, has been able to provide some guidance on MITA terminology and processes, and can help appropriately incorporate the HIT initiatives into the planning processes for new system procurement.

Utah Medicaid Systems Support Landscape

The Utah Department of Technology Services (DTS) provides a team of expert IT managers, IT program analysts, and database administrators to support the MMIS enterprise components. This DTS team not only supports the day-to-day operations and maintenance, but also new initiatives like the HIT EHR incentive project. In addition to the HIT project, the DTS support team is participating in the following Division initiatives:

1. Procurement of a new MMIS
2. Procurement of a new Fraud and Abuse Detection System (FADS)
3. Procurement of a new Pharmacy Point of Sale (POS) and Drug Rebate Management (DRM) system
4. Data warehouse upgrade
5. MMIS remediation to comply with HIPAA 5010
6. MMIS remediation to comply with ICD-10
7. Implementation of a claims Pre-Pay editing system

The DTS resources needed for development, testing and implementation the new HIT system components are available.

Utah's "To-Be" HIT Landscape

During our planning period Utah Medicaid worked directly with our stakeholders to record the "as-is" landscape and develop the "to be" landscape. It was decided that our first iteration of the SMHP should focus exclusively on being able to make payments to eligible providers and hospitals. With a payment mechanism established, Medicaid will then continue to partner with our established partners and work on future projects that bring us closer to our HIT/HIE goals. These goals include: providing credible information to consumers so they make informed health care decisions, reviewing provider quality data, seeing all Utah clinicians meaningfully use HIT and connecting to our State's HIE to report timely and accurate public health data to improve population health.

Governance Landscape

Utah has appropriate HIT governance and partnerships in place as noted in the above 'As-Is' section. If necessary, the State's HIT Governance consortium will expand to include other groups that have an interest in this project.

Provider Landscape

In an effort to outreach and train eligible providers and hospitals about the Medicaid EHR Incentive Payment program, educational pages and contact information will be available on our website. Utah Medicaid will work with *HealthInsight* and UHIN in an effort to reach out to all Medicaid providers and provide education on the unique opportunity that is afforded us to improve our health care system through use of HIT. Utah Medicaid will host special training events in coordination with the Utah Hospital Association, UHIN and *HealthInsight* to provide assistance and support to interested providers. Medicaid staff will arrange a minimum of three training sessions - one for Wasatch Front providers, one for Southern Utah and one for Northern Utah. Invitations will be mailed, registrations will be recorded and providers or their designated staff will be walked through the application process.

Our message to eligible providers will mirror and reflect the communication materials of both UHIN and *HealthInsight*. In short it will communicate that professional health care providers will be responsible to apply for, and submit accurate information, for the Medicaid incentive payment. The provider will access the CMS National Level Registry (NLR) and register for the program. After 24 hours, the provider will confirm their status with CMS. The provider will then proceed to the Utah Medicaid web site where the provider will be able to apply and submit eligibility information, attestations and complete other required forms. Proof of purchase, adoption or upgrade will be required in addition to the attestation and will be retained by the program manager as part of the initial file created and housed in Utah Medicaid's EHR Incentive Payments Database which will be an Oracle solution designed, built and supported by DTS.

The State will verify in the national registry of certified EHR technology the certification number given in attestation for the EHR system purchased. Utah Medicaid will also verify with UHIN to see if the adopted EHR has the capability to connect to the States Clinical Health Information Exchange (cHIE.) This will facilitate a more robust and sustainable HIE in our State. Providers who join UHIN will be able to share and view clinical information that is available to other registered providers via the use of a Master Patient Index (MPI). Additional membership benefits include the following:

1. Ability to query community clinical data and have results displayed in a single report
2. Receipt of clinical data directly from hospitals, labs, or other providers
3. E-prescribing and medication refill management
4. Creation of electronic clinic documents (i.e. encounters, memos, referrals, history, public health reporting, etc.)

Our Utah Beacon Community initiatives are currently focusing on providers in the Salt Lake Metropolitan Area (SLMA) (Salt Lake, Summit, and Tooele Counties) who are directly involved in managing diabetes. These practices will be strongly encouraged to connect with the cHIE. It is a Beacon goal to enroll 75% of all eligible providers in this geographic area in the cHIE. Utah Department of Health, Office of Public Health Informatics will also be working with *HealthInsight* to inform providers on how to electronically report communicable diseases through EHR's and the cHIE in order to meet the requirements of meaningful use for the public health measures.

Utah Medicaid will also continue consultation with Utah's Indian Health Advisory Board for updates on Utah's Tribes and with the Association for Utah's Community Health Centers, FQHC's and Rural Health Centers. If the need arises to do extra outreach to these providers then efforts will be made to help them achieve their desired outcomes.

Legislative Landscape

As noted in the 'As-Is' section, the Utah Medicaid Program and our HIT/HIE partners have received all the needed legislation to move forward with our EHR Incentive Payment Program. As Utah's implementation of the EHR Incentive Program matures, new legislation may be required to insure broader access to medical data for professionals, hospitals, public health programs and entities in order to make informed decisions that will improve the health care outcomes for the citizens of Utah.

Utah Medicaid Operations Landscape

In order to successfully initiate payments to eligible providers and hospitals, certain business processes and documents (i.e. attestation/registration forms) need to developed, designated staff need to be identified and/or hired and provider outreach and education about the program has to occur. At a minimum, the EHR Program Manager will be identified and in place by January 2011 and will immediately engage with stakeholders and other Utah Department of Health and Department of Technology Services (DTS) staff to produce deliverables and meet milestones so payments can be distributed to Utah eligible providers by October 15, 2011.

The following table identifies the business processes that will be developed, tested and documented by the designated program manager, program support staff and DTS staff.

Core Administration Activities Table

Specific Business Process or Requirement to Making EHR Incentive Payments	Expected Start Date	Targeted End Date	Expected Outcomes or Products	Responsible Staff • **Lead** • **Support**
Interface with NLR & CMS regarding payments made to eligible providers	2/28/11	5/30/11 for development 7/31/11 for testing 10/15/11 for payments	A developed Oracle system that interfaces with the National Level Repository (NLR)	**Lead** DTS - Developers EHR Program Manager **Support** Medicaid Staff
Verify Medicaid patient volume for all applicants, process payments on schedule & provide notification of approval/denial for incentive payments	2/28/11	5/31/11 for development 7/31/11 for testing 10/15/11 for payments	Attestation Form plus enhancements to the MMIS Data Warehouse, Utah's All Payer Claims Database (APCD) and/or the Oracle database that will calculate patient mix and interface with NLR	**Lead** DTS - Developers EHR Program Manager APCD Staff **Support** Medicaid Staff
Create & maintain a Web site for Provider Enrollment & FAQs	2/28/11	5/31/11 for development 7/31/11 for testing 10/15/11 for payments	Website is up and running but will require updates, including a link to the Oracle database that will interface to the NLR and communicate payment status to providers	**Lead** DTS - Developers EHR Program Manager **Support** Medicaid Staff
Develop communication materials about the EHR Incentive Program and/or EHR adoption/meaningful use	12/15/10	Ongoing	Communication strategy & plan that covers adoption initiatives; materials that can be distributed as necessary	**Lead** EHR Program Manager **Support** *HealthInsight* & UHIN Staff
Conduct provider outreach activities	10/31/10	12/31/2016	Webinars, meetings, and/or presentations conducted with targeted eligible providers & hospitals have been & will continue to be produced	**Lead** EHR Program Manager **Support** *HealthInsight* & UHIN Staff

Core Administration Activities Table Continued

Specific Business Process or Requirement to Making EHR Incentive Payments	Expected Start Date	Targeted End Date	Expected Outcomes or Products	Responsible Staff • Lead • Support
Install a provider help-line/dedicated e-mail address/phone	2/28/11	5/31/11 for development 7/31/11 for testing 10/15/11 for payments	The EHR Program Manager will respond to calls, emails & correspondence to resolve inquiries regarding technical issues, program parameters, enrollment validation & disputes (not appeals)	**Lead** DTS - Developers EHR Program Manager **Support** Medicaid Staff
Monitor & review current CMS policies, propose recommended changes or inclusion of new policies & procedures, develop & update FAQ's for dispute resolutions	10/31/10	Ongoing	Effective business process models supported by stakeholders, plus technical system support changes as necessary & a consistently updated SMHP & IAPD	**Lead** EHR Program Manager **Support** Utah Hospital Association, *HealthInsight* & UHIN Staff
Validate volume thresholds, payment calculations, meaningful use, quality measures & provider credentials throughout the life cycle of the program.	2/28/11	5/31/11 for development 7/31/11 for testing 10/15/11 for payments	Creation or enhancement to the Data Warehouse, APCD or other repository to calculate patient mix capturing results in the Oracle database that will link with the NLR	**Lead** DTS - Developers EHR Program Manager **Support** Medicaid Staff
Review of administrative activities & expenses of Medicaid provider health information technology adoption & operations; financial oversight & monitoring of expenditures including provider enrollment procedures for combating fraud waste & abuse in the program	2/28/11	Ongoing	Compliance with the following: 42 CFR § 495.364 42 CFR § 495.366 42 CFR § 495.368, §455.15, §455.21	**Lead** EHR Program Manager **Support** Office of Program Integrity Staff, Medicaid Staff & *HealthInsight* Staff

During the planning period, stakeholders and Utah Department of Health operational staff discussed specific ideas and issues related to the provider attestation process and the calculation process for the actual incentive payments for the first year. The following documented business processes were agreed upon as a result. Corresponding work flow diagrams may be found in the Attachments.

For payments beginning in the first payment year (2011) the State will be requiring provider/facility attestation initially with subsequent auditing of either a random sample or a sample of payment incentives most likely to have received funding from other sources. The attestation will collect the provider's specialty and where he/she works in order to determine hospital affiliations and percentage of time worked at various practice locations.

Auditing will either be done by the Utah Department of Health, Office of Internal Audit and Program Integrity Staff, by staff within the Utah Department of Health, Division of Medicaid & Health Care Financing or contracted out to an organization capable of successfully responding to a request for proposal to conduct such audits.

In addition to attestation, eligible providers and/or their employers must provide evidence of costs directly attributable to their certified EHR technology and/or support services of such technology. Acceptable documentation includes proof of purchase receipts, invoices, bank statements or other auditable records. Incentive payments for eligible providers who have a minimum of 30% patient encounters paid by Medicaid, will then be calculated so that an eligible provider will receive no more than 85% of a maximum net average allowable cost not to exceed $21,500 in his/her first year payment and $8,500 in subsequent years.

For pediatricians who apply and are considered eligible at the 20% threshold, they would receive up to the maximum allowable amounts of $14,167 in the first payment year and $5,667 in subsequent years. If the pediatrician is not hospital based and can demonstrate that they meet the minimum 30% threshold, they will qualify to receive the full incentive – that is, the 85% of a maximum net average allowable cost not to exceed $21,500 in his/her first year payment and $8,500 in subsequent years. The maximum payment amount for pediatricians who are greater than 20% but less than 30% will receive two-thirds of the net average allowable costs, subject to the 85% threshold.

Hospitals incentive payments will be calculated by program staff using the prescribed formula provided by CMS as seen in the Attachments. Hospitals meeting Medicare meaningful use may be deemed eligible for Medicaid incentive payments. Eligible hospitals will receive a total gross payment over the course of four years. Their payment will consist of the $2,000,000 base plus a per discharge amount based on the Medicaid share of patients seen. Hospitals will receive fifty percent of the payment in the first year and forty percent in the second year, and five percent the last two years. In addition to requesting discharge data from the 12-month period that ends in the Federal fiscal year before the hospital's fiscal year, hospitals will have to include in their registration their full, legal business name, national provider identifier (NPI), business address/phone, tax payer identification number (TIN) and CMS certification number and certified technology. All Utah hospitals will be informed of the 2016 deadline to make their initial application for payment.

Utah Medicaid will process incentive payments for eligible providers and hospitals weekly. Utah Medicaid will respond to submitted applications within 45 days after the signed application and attestation is submitted. A completed application from an eligible provider will activate the incentive payment process. Once a payment has been issued to the

provider, Medicaid will send that information to the NLR. Utah will track the payments in MMIS so that payments will be reflected on the CMS 64 Report and in the Oracle database solution, in order to communicate with the NLR and ensure that no duplicate payments are made in any fiscal year.

If a provider or hospital is denied payment due to being determined ineligible, they will receive written notice of the decision. A referral to HealthInsight for REC technical assistance will be included in the letter along with a hearing request. Providers who choose not to seek REC technical assistance will have the right to an appeal that would follow our existing Administrative Hearing Procedures/Provider Appeals Process. The Division of Medicaid and Health Financing's Administrative Hearing Unit's purpose is to review hearing requests and determine the outcome for the different Medicaid programs. These hearings are administrative hearings and governed by the Utah Administrative Procedures Act.

The Administrative Hearing process begins when a petitioner or provider receives a denial notice for a service or payment and then requests a hearing. A written request from the provider is always required to initiate the hearing process. If someone phones and requests a hearing, a hearing request form will be mailed with a return envelope, faxed, or emailed. The hearing request and the subsequent scheduling of the hearing(s) will be tracked by the EHR Incentive Payment Program Manager and the Administrative Hearing Unit's secretary until a recommended decision is made.

A final decision letter is prepared by a judge who has reviewed the action, the issues, the findings of fact, the conclusions of law and has documented the disposition, and the reasons for the disposition in a Final Agency Order that is signed by the State Medicaid Director (or his/her designee.) The Director may affirm, reverse, modify or remand the Recommended Decision for further findings.   This Final Agency Order includes details about subsequent appeal processes to be used if the petitioner disagrees with the Final Agency Order.

After the Final Agency Order is signed by the Director, the original is sent to the petitioner or his representative by certified mail with a return receipt and copies are sent to other interested parties.

Providers may reapply for incentive payments if and when they meet the eligibility criteria previously used to deny payment. The State would verify any changes made from the initial application and process accordingly.

Utah Medicaid communicates payment information through use of an ANSI 835 electronic remittance advice (RA)/paper remittance statement, and funds are disbursed through warrants or an Electronic Funds Transfer (EFT). Utah Medicaid will use our MMIS special payments function to process the incentive payments.

Systems Support Landscape

The following technical work will be supported internally by the State of Utah's Department of Technical Support (DTS) and are considered integral solutions for a successful implementation of the EHR Incentive Payment Program.

DTS scope of work includes:

1. Developing and testing a HIT record Oracle database to capture provider registration information from the NLR, eligibility information from the providers (i.e. patient load and meaningful use attestation) payment requests from eligible providers, and actual payment information made to eligible providers (via the 'Special Payments' functionality in MMIS).
2. Developing and testing the two-way interface between the HIT record Oracle database and the NLR.
3. Developing and testing user interface screens for EHR Incentive Payment Program personnel to access the HIT record database.
4. Modifying and testing an existing web portal for providers to enter eligibility information (i.e. patient load and meaningful use attestation) and make payment requests/inquiries).
5. Modifying and testing the MMIS 'Special Payment' functionality to handle HIT payments and generate Provider notifications (i.e. notice of eligibility, receipt of payment requests, etc.).

Cost estimates for these technology solutions maybe found in the attached IAPD.

Utah will be able to track the cost of the projects by using time sheets to document the personnel costs. These time sheets will be retained and can be audited. Provider incentive payments will be disbursed through the MMIS and will be reported with a 100% FFP fund code. Personnel costs will be tracked at 90% FFP and will be broken down using category codes for technical development as well as program management for both the SMHP work and the IAPD work.

Future Pursuits

Once Utah Medicaid automates the application and attestation processes through our web portal, successfully connects and transmits requisite information to the NLR and has all the incentive payment mechanisms in place, our plan is to have the stakeholders reconvene and start prioritizing future initiatives.

There will be a focus on projects that bring us closer to our HIT/HIE goals and facilitate how the EHR Incentive Payment Program will track the meaningful use for providers who received payments in year one of the program.

Possible projects and collaborations may include:

UHIN's cHIE is the first HIE in the country to be [Electronic Healthcare Network Accreditation Commission](#) accredited. The cHIE includes a Master Patient Index (MPI) and a record locator service that collects data from a federated database of data sources. In addition, the cHIE is designed to carry out certain registry functions. Providers who adopt the cHIE will have the functionality to exchange clinical information to a host of data suppliers and consumers including Medicaid's new MMIS system. The Utah Department of Health will supply immunization records, newborn hearing screenings, and newborn blood tests using the HL7 data exchange and specific public health gateway is currently being designed with a review from the Utah EDI Security Officer for compliance with HIPAA security standards. Data Consumers will be those entities that, with patient consent, access the supplied clinical data via an EHR.

At this time the cHIE can receive and display a medication history/list; however, the system cannot receive the Utah Medicaid Preferred Drug List (formulary). This functionality must be developed.

Utah Department of Health, including Medicaid, has been developing a department-wide electronic gateway for all public health programs to exchange clinical information with the cHIE. This HIT/HIE collaboration will have positive impact on efficiently using HIT/HIE resources and assuring system security. Medicaid will need ongoing funding to support the gateway's operation, upgrade, and expansion.

Utah Medicaid's website, where providers will apply for incentive payments, should also be linked to the Utah Department of Health Office of Public Health Informatics' site for additional information about meaningful use reporting.

Applicable Road Maps & Work Flow Diagrams

Utah HIT CVE Road Map as of November 30, 2010

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Adobe Acrobat
Document   *Click to open each of the inserted PDF files*

cHIE Adoption Road Map as of November 22, 2010

[PDF icon]

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Document

cHIE Technical Road Map as of November 22, 2010

[PDF icon]

Adobe Acrobat
Document

EHR Attestation, Eligibility & Payment Workflow Diagrams

[PDF icon]

Application-Attenstat
ion.pdf

Attachments & References Not Hyperlinked

cHIE October Update

Adobe Acrobat
Document

Results from HIT Medicaid Survey

Adobe Acrobat
Document

CMS Calculator for Hospital Payments

Adobe Acrobat
Document